Coal Bed Methane Protection Act Committee (CBMPAC) Job Application Data

Please read BEFORE filling out application:

- 1. This application document is all-inclusive and does not require a signature.
- 2. Pay attention to all application requirements.
- 3. Make sure all requested data is accurate and up-to-date.
- 4. Purposeful misrepresentation of information provided will result in immediate dismissal of application. If hired, purposeful misrepresentation of information could result in dismissal.
- 5. The position you're applying for may require the completion of APPLICATION SUPPLEMENT questions and a EMPLOYMENT PREFERENCE FORM (see forms below). Please complete at the end of the Montana State Application and submit with this application.
- 6. EMAIL APPLICATION TO: cbmpa@live.com
- 7. *Call* 406-342-5466 x102 (Treasure CD) or 406-232-6359 (MT DNRC) for more info

Completed applications must be emailed or delivered by 1:00 pm, Dec 6, 2010 to:

Treasure Conservation District,

211 Elliott Street, PO Box 288

Hysham, MT 59038

If selected for an interview, please be available Dec 9, 2010. The CBMPAC, which meets monthly, will conduct interviews at a location TBD in Miles City.

Application Supplement Tips:

- * Take your time
- Understand questions
- * Answers should be thorough & concise but not wordy. Don't just try to fill up space.
- * Don't 'assume' the reviewer 'instinctively' knows what you're talking about. Again be thorough and concise.
- * Have someone review your work for grammar, sentence construction and overall 'flow. Do your answers make sense?
- * Make sure you turn your completed application package in on time. Do you have the correct address and deadline?

Interview Tips

- Be clear on the time of the interview. Arrive 10 to 15' early.
- * Dress appropriately. When in doubt—veer to the conservative.
- * Handshake—firm not 'fishy.'
- * Make eye contact with all interviewers throughout interview. Don't stare at one interviewer, the ceiling, wall or table.
- * If you don't understand a question—ask for clarification.
- * Don't ramble. Be concise and thorough.
- * State government interviews are structured & systematic—don't let that 'unnerve' you. That's just the way it is.

EMPLOYMENT APPLICATION

MPORTANT: Please type or print in ink. You may respond to sections 4 through 7 on separate sheets of paper if all relevant locks are completed and the same format is followed. On each sheet write your name and the job title you are applying for. you photocopy your application, leave sections 1, 2, and 3 blank and complete these sections each time you apply. LATE OR INCOMPLETE applications will not be considered.						
PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted; b) where to submit your application; (c) the required special qualifications or licenses; and (d) the closing date for receipt of pplications (see www.dnrc.mt.gov/cardd/CBM). An application tailored to the position is to your advantage.						
. Name Last First Middle						
Mailing Address Street or PO Box						
City State Zip	Code					
Telephone Number Work Hor	me Cell					
Email address						
. What position are you applying for? (See Job Vacancy An Department	nouncement)					
Division Job	o Location					
	o Location sition Number					
	sition Number	to				
Position Title Po	sition Number y Dates Available for Temporary s subject to verification. Falsifications of termination at	or misrepresentations may				
Position Title Power Will you accept: Full-time Part-time Temporary The information that you provide on this application is disqualify you from consideration for employment, or, if here	sition Number y Dates Available for Temporary s subject to verification. Falsifications of a subject to verification for termination at a large of the subject of the subject of the subject to verification of the subject to verification. Subject to verification. Falsifications of the subject to verification of the subject to verification of the subject to verification. Subject to verification of the subject to verification of t	or misrepresentations may tallater date. Do you want I pages is true, correct and ns. I authorize all former District or its agents and				

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4. EDUCATION - High School Name: High School Address: Received Diploma or Equivalency Certificate	e? ☐ Yes ☐	□ No If "No,"	enter highesi	t grade complete	d .		
College, University and Other Schools Name and Location	Dates Attended Month/Year	Degree/ Certificate Received	Degree/ Certificate Date	Major/ Minor Fiel		Credits Earned Indicate Qtr or Sem	
Training Courses Name and Location	Dates Attended Month/Year	Did you Complete?	Title/De	escription of Cou	rse	Total Hours	
5. List current Professional Licenses, Regis	stration, or Ce	ertifications (engi	neering, med	lical, CPA, etc.)			
Licensing Agency Name and Location		Type of License Er		Endorsement/Restriction (if applicable)		Date Licensed	
List special skills such as word processing equipment that you know how to use. Ma organizations like Toastmasters.	j, operating a	forklift, dump tru om volunteer wor	ıck or compu rk like Habita	ter programming. t for Humanity or	. Include from pro	a list of ofessional	

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you are applying for. Begin v	with your present or most rotion as a separate position	nce with emphasis on experience that is relevant to the position ecent experience. Include military service that would help 1. Use Additional Employment Experience forms (PD- 30) as f you submit a resume.
Name & Complete Address of Employer		
Your Job Title		Dates Employed / to /
Type of Business		Month/Year Month/Year Avg. Hrs. Per Week Time Employed /
Immediate Supervisor(s)	Phone No.	Full-time Part-time Volunteer
Describe your duties in det	ail (knowledge, skills, behavi	ors required, employees supervised, accomplishments)
Reason for Leaving:		
Name & Complete Address of Employer		
Your Job Title		Dates Employed / to /
Type of Business		Month/Year Month/Year Avg. Hrs. Per Week Time Employed /
Immediate Supervisor(s)	Phone No.	Full-time Part-time Volunteer
Describe your duties in det	ail (knowledge, skills, behavi	ors required, employees supervised, accomplishments)
Reason for Leaving:		

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7. EXPERIENCE Continued		
Name & Complete Address of Employer		
Your Job Title		Dates Employed / to /
Type of Business		Month/Year Month/Year
Immediate Supervisor(s)	Phone No.	Avg. Hrs. Per Week Time Employed / Years/Months Full-time Part-time Volunteer
Describe your duties in det	ail (knowledge, skills, behav	viors required, employees supervised, accomplishments)
Reason for Leaving:		
Name & Complete Address of Employer		
Your Job Title		Dates Employed / to /
Type of Business		Month/Year Month/Year
Immediate Supervisor(s)	Phone No.	Avg. Hrs. Per Week Time Employed / Years/Months Full-time Part-time Volunteer
Describe your duties in det	ail (knowledge, skills, behav	viors required, employees supervised, accomplishments)